



SPECIALIZED INSTRUCTIONS -INFANTS

Child's Name			Date of Birth		Enrollment Date	
1. DIET PLAN INSTRUCTIONS: To be completed for an infant up to 12 months of age. Please update diet information as needed. A new form may be completed, or information may be added to this form by initialing and dating.						
A. METHOD OF FEEDING						
	YES	NO		YES	NO	
Spoon/Cup/Bottle (Please check)			Holds Own Bottle			
Warm Bottle			Feeds Self			
			Feeding Table or Chair			
B. TYPE						
	TIMES		KINDS OF FOODS		AMOUNT	
1. FORMULA/BREAST MILK						
2. INFANT FOOD						
4. TABLE FOOD						
PARENT'S SIGNATURE AND DATE						

I. SLEEPING INSTRUCTIONS			
A.	In what position does your child sleep? (circle one)	Back	Side
B.	What time(s) does she/he usually nap?	How long a nap?	
C.	Describe any special needs related to sleeping:		
D.	Can you child roll over on their own? (circle one)	Yes	No
II. DIAPERING INSTRUCTIONS			
A.	I am providing the following lotions, powders and/or ointments to be used on my baby. I have completed the appropriate permission form.		
	WET	BM	RASH
B.	<input type="checkbox"/> I do not want any lotions, powders or ointments used.		
Comments:			
III. SPECIAL INSTRUCTIONS FOR CARE (RESTRICTIONS, ALLERGIES, ETC.)			

II. DIAPERING INSTRUCTIONS

B.	What time(s) does she/he usually nap?	How long a nap?

D.	Can you chld roll over on their own?	(circle one)	Yes	No
----	--------------------------------------	--------------	-----	----

II. DIAPERING INSTRUCTIONS

WET BM RASH

Comments:

III. SPECIAL INSTRUCTIONS FOR CARE (RESTRICTIONS, ALLERGIES, ETC.)